

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**10 512066**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5	1						55						
6		1					56						
7		6					57						
8		(1)					58						
9		(1)					59						
10		(1)					60						
11	1						61						
12	1						62						
13		1					63						
14		2					64						
15		(1)					65						
16							66						
17							67						
18							68						
19							69						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	14	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	21						TOTAL CLAIMS						